PTO/SB/06 (08-03)

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Substitute for Form PTO-875 1-00 b 0 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) RATE FEE NUMBER EXTRA RATE NUMBER FILED FOR BASIC FEE OR (37 CFR 1.16(a)) × 118 TOTAL CLAIMS OR mlnus 20 °= (37 CFR 1.16(c)) x **,** 85 INDEPENDENT CLAIMS OR (37 CFR 1.16(b)) 300 50 OR (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR TOTAL TOTAL * If the difference in column 1 is less than zero, enter *0* in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) HIGHEST CLAIMS PRESENT RATE ADDI-RATE ADDI-REMAINING NUMBER TIONAL TIONAL **EXTRA PREVIOUSLY** ENDMENT AFTER FEE FEE **AMENDMENT** PAID FOR x s 18 Minus Total OR (37 CFR 1.16(c)) . . Independent (37 CFR 1.16(b)) Minus OR +300 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS RATE ADDI-ADDI-PRESENT RATE 向 NUMBER REMAINING TIONAL TIONAL **EXTRA** AFTER PREVIOUSLY FEE FEE AMENDMENT PAID FOR ENDME Minus Total (37 OFR 1.16(c)) OR Minus Independent (37 CFR 1.16(b)) OR Z FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 TOTAL TOTAL ADD'L FEE ADD'L FEE Of (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS RATE ADDI-PRESENT RATE ADDI-魯 NUMBER REMAINING TIONAL **EXTRA** TIONAL PREVIOUSLY **AFTER** FEE FEE PAID FOR AMENDMENT AMENDME Total (37 CFR 1.16(c)) Minus X S OR Minus Independent (37 CFR 1.16(b)) OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and-by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

if the "Highest Number Previously Paid For" IN THIS SPACE Is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.